STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155200	A. BUILDING 00 B. WING	03/08/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSITY NURSING CENTER	1564 S UNIVERSITY BLVD UPLAND, IN 46989

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F000000	This visit was for the Investigation of Complaint IN00124856. Complaint IN00124856-Substantiated, Federal/State deficiency related to the allegattion is cited at F-309. . Survey Dates: March 7 & 8, 2013 Facility number: 000107 Provider number: 155200 AIM number: 100290330 Survey team: Angela Strass, RN Census bed type: SNF/NF: 49 Total: 49 Census payor type: Medicare: 4 Medicaid: 35 Other: 10 Total: 49 Sample: 3	F000000	Dear Ms. Rhoades, Attached is University Nursing Center's Plan of Correction for Complaint IN00124856 Survey on March 8, 2013. Please accept the Plan of Correction for the deficiency of F 0309, SS D. University Nursing Center is requesting paper compliance for the deficiency. Thank you, Stephanie Allen Executive Director University Nursing Center	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	This deficiency also reflects state findings in accordance with 410 IAC 16.2. Quality review completed on March 13, 2013 by Randy Fry RN.			

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F000309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Based on record review and interview, the facility failed to ensure 1 resident A) in a sample of 3 resident records reviewed, received a restorative nursing program consistently as written by the residents plan of care. Finding includes: On 3/7/13 at 10:45 a.m. review of the clinical record for resident (A) indicated the resident was admitted to the facility on 1/11/13 with diagnoses including but not limited to Alzheimers, Osteoporosis and Chronic Obstructive Pulmonary Disease. Review of the resident's admission MDS (minimum data set) assessment dated 1/18/13 indicated the resident required extensive assistance of 2 for transfers and ambulation.	F000309	**What corrective action will be accomplished for those residents found to have been affected by the deficient practice:** The residents found to have been affected by the deficient practice will have the restorative programs audited daily for compliance by the MDS Coordinator or designee. MDS coordinator or designee will also ensure that restorative programs are correctly written. The resident affected has been seen per program unless resident has refused, which is indicated on the restorative flow sheets. The restorative program has been rewritten to reflect ambulation with assist (see attachment A). **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken:** All residents who are on restorative programs have the potential to be affected. All residents on restorative programs will be audited by the MDS Coordinator or designee to ensure residents	04/07/2013

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	On 3/8/13 at 9:30 a.m. review of the resident's restorative nursing plan of care dated 2/25/13 indicated the following: Resident will perform 20 repetitions of active range of motion to the BUE (bilateral upper extremities) and BLE (bilateral lower extremities) daily. Resident will walk 150 feet using a rolling walker, gait belt and wheel chair to follow for safety, with assist of 1 daily. On 3/8/13 at 9:45 a.m. review of the resident's "restorative flowsheet record" indicated the resident had not received services on 2/27, 3/5, 3/6 and 3/7/13. Interview with the restorative nursing aide on 3/8/13 at 9:50 a.m. indicated she was to provide the services to the resident daily but another restorative aide had quit 2 weeks ago and she was unable to provide services daily to the resident and was trying to do it every other day.		are being seen as the program is written. Nursing staff will be in-serviced to ensure understanding and compliance of restorative programs by the SDC or designee. DNS or designee will ensure residents who are on restorative therapy will recieve therapy per plan of care. MDS coordinator or designee will ensure that restorative programs are reviewed to ensure that assistance is reflected on the restorative program. MDS coordinator was inserviced by RAI specialist on 3/18/13 regarding restorative (see attachment C). **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** All residents on restorative programs will be audited daily for three months and weekly for six months by the MDS Coordinator or designee to ensure residents are being seen as the program is written. Nursing staff will be in-serviced to ensure understanding and compliance of the restorative programs by the SDC or designee on 3/25/13 (see attachment D). MDS coordinator or designee will audit restorative programs weekly for six months to ensure that restorative programs are reviewed to ensure that assistance is reflected on the restorative program. DNS or designee will conduct rounds daily to ensure residents who	

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	On 3/8/13 at 10:00 a.m. interview with the Administrator indicated a restorative aide had walked off of the job 2 weeks ago. She indicated the CNA'S are helping out with the restorative program. On 3/8/13 at 10:20 a.m. interview with CNA (certified nursing assistant) #1, who works with the resident on a daily basis, and works 7:00 a.m to 7:00 p.m., indicated resident (A) does not walk well and had been walking with the therapy department. The CNA was queried if she walked the resident or did active range of motion for the resident and she indicated no. On 3/8/13 at 12:00 p.m. interview with therapy staff #1 indicated the resident had received physical therapy from 1/12/13 through 2/16/13 and then recommendations were made for the resident to have a restorative nursing program. This Federal tag is related to complaint IN00124856. 3.1-37(a)		receive restorative therapy are being seen per plan of care. I **How the corrective actions will be monitored to ensure the deficient practice does not recur:** All residents on restorative programs will be audited daily for three months and weekly for six months by the MDS Coordinator or designee to ensure residents are being seen as the program is written with results to CQI. Nursing staff will be in-serviced to ensure understanding and compliance of the restorative programs by the SDC or designee on 3/25/13. MDS coordinator or designee will audit restorative programs weekly for six months to ensure that restorative programs are reviewed to ensure that correct ADL assistance is reflected on the restorative program with results to CQI. Executive Director or designee will monitor MDS Coordinator or designee's auditing weekly to ensure compliance (see attachment E). If 95% threshold is not met on any of the above indicators, an internal plan of correction will be formed to ensure compliance. **By what date the systemic changes will be completed:** April 7, 2013	

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